

DLB. We need to examine whether such modifications will improve the recognition of DLB in clinical practice.

American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders (4th edn)* (DSM-4). Washington, DC: APA.

McKeith, I. G., Galasko, D., Kosaka, K., et al (1996) Consensus guidelines for the clinical and pathologic diagnosis of dementia with Lewy bodies (DLB): report of the consortium on DLB international workshop. *Neurology*, **47**, 1113–1124.

Shaji, K. S., Arun Kishore, N. R., Lal, K., et al (2002) Revealing a hidden problem. An evaluation of a community dementia case-finding program from the

Indian 10/66 dementia research network. *International Journal of Geriatric Psychiatry*, **17**, 222–225.

Stevens, T., Livingston, G., Kitchen, G., et al (2002) Islington study of dementia subtypes in the community. *British Journal of Psychiatry*, **180**, 270–276.

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One hundred years ago

Verbal obsessions. By James Shaw, M.D., M.Ch.R.U.I.

MAGNAN defines an obsession as being a mode of cerebral activity in which a word, thought, or image rises into consciousness – involuntarily and without discomfort when physiological, but forcibly and with painful persistence when pathological. Verbal obsessions are those in which isolated words – mostly obscene or blasphemous – constitute the morbid besetment. They should be distinguished from coprolalia, obscene speech; from the blasphematory mania of Verga, which he described

as a special variety of obsession taking the form of oaths, blasphemies, or indecent utterances; and from the onomatomania of Charcot and Magnan, in which a word cannot be recollected without a painful searching of the memory, or a word or phrase is ever present in consciousness and *must be emitted at intervals*, its utterance being repressed for a short space only at the cost of extreme and constantly increasing mental pain. In my cases the besetting words were never uttered. The words differed from psychical or psychomotor hallucinations in that they were never spoken of as “voices in the head” nor as

“voices” at all. Verbal obsessions may constitute the leading feature of a sort of obsessional aberration, as in the second case below, or an early symptom of a form of insanity, an obsessional melancholia, which appears to me to be as much an entity as hypochondriacal melancholia is. The first case exemplifies the induction of obsessional melancholia by verbal obsessions.

REFERENCE

Lancet, 9 August 1902, pp. 359–360.

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